PTO/SB/08A/B (09-06)

Approved for use through 03/31/2007. OMB 0551-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449/PTO				Complete if Known		
				Application Number	10/776,934	
11	IFORMATION	ID I	SCLOSURE	Filing Date	February 10, 2004	
STATEMENT BY APPLICANT				First Named Inventor	Hansen, Bo	
				Art Unit	1635	
	(Use as many sh	eets a	necessary)	Examiner Name	Kimberly Chong	
Sheet	1	of	1	Attorney Docket Number	366929-018US (396515)	

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ² (#known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	A1	US2006/0160095	07-2006	Hayes, et al.	
	A2*	US2005/0014712	01-2005	Hansen, et al.	

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document Country Code ⁵ -Number ⁴ -Kind Code ⁶ (If known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	۳
						7
						N
						R
						٦

EXAMINER: Initial if reference considered, whether or not cletion is in conformance with MPEP 600. Drew line through citation if not in conformance and not considered, include copy of this form with next communication to epicient. "Applicants unless estation desligation number (options)." See Kinds Codes of a conformance and not considered to the conformance and not conformance and not considered to the conformance and not conformance and not considered to the conformance and not considered and not considered to a place to constant. Then of observation constructs it the discontant of the place of

T
em (book, her, city

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

Examiner I	Kimborly Chona/	Date	0.000000
Signature	/Kimberly Chong/	Considered	03/10/2003